ID WAIVER SERVICE

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE 1 AS OF 09/30/10 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 09/26/10

> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 09/30/10)

		NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * * *			
CATEGORY OF SERVICE					COST PER	COST PER UN	NITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
	RECIPIENTS				UNIT OF SERVICE	ELIGIBLE F		
	SERVED					RECIPIENT		
INPATIENT	6,104	6,335	36,780	\$29,107,438.20	\$791.39	\$64.32	6.0	\$4,768.58
OUTPATIENT	63,139	92,774	1,201,633	\$19,189,419.48	\$15.97	\$42.40	19.0	\$303.92
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	919	851	10,692	\$2,228,578.10	\$208.43	\$4.92	11.6	\$2,425.00
INTERMEDIATE CARE FACILITY	12,345	12,333	354,008	\$43,390,143.37	\$122.57	\$95.88	28.7	\$3,514.79
INTER CARE MENTAL RETARDA	1,575	1,587	47,993	\$12,956,028.75	\$269.96	\$28.63	30.5	\$8,226.05
NURSING FAC FOR MENTAL ILL	22	22	664	\$137,544.00	\$207.14	\$0.62	30.2	\$6,252.00
HOME HEALTH	12,676	15,988	264,080	\$10,262,206.36	\$38.86	\$22.68	20.8	\$809.58
LEAD INSPECTION AGENCY	3	2	2	\$737.67	\$368.84	\$0.00	.7	\$245.89
PHYSICIAN	122,846	252,949	360,944	\$16,363,271.52	\$45.33	\$36.16	2.9	\$133.20
CLINIC SERVICES	21,000	28,502	26,972	\$3,223,670.27	\$119.52	\$7.12	1.3	\$153.51
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	15,405	21,015	32,673	\$628,383.76	\$19.23	\$1.39	2.1	\$40.79
HABILITATION SERVICES	3,257	5,645	103,986	\$4,878,593.50	\$46.92	\$10.78	31.9	\$1,497.88
REMEDIAL SERVICES	10,235	15,194	331,074	\$4,987,309.44	\$15.06	\$11.02	32.3	\$487.28
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	2,419	2,872	2,850	\$304,034.04	\$106.68	\$0.67	1.2	\$125.69
LOCAL EDUCATION AGENCY	674	1,241	83,715	\$1,094,804.68	\$13.08	\$2.42	124.2	\$1,624.34
EARLY ACCESS SERVICES	91	236	494	\$6,823.72	\$13.81	\$0.02	5.4	\$74.99
PRESCRIBED DRUGS	129,041	381,827	342,045	\$18,191,561.00	\$53.18	\$40.20	2.7	\$140.98
DRUG CAPITATION	0	· o	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INDIAN HEALTH SERVICES	77	32	30	\$10,791.00	\$359.70	\$0.02	.4	\$140.14
FAMILY PLANNING SERVICES	7,086	8,094	8,389	\$740,721.33	\$88.30	\$1.64	1.2	\$104.53
IOWA PLAN PROGRAM	359,490	389,095	388,750	\$10,894,384.73	\$28.02	\$24.07	1.1	\$30.31
MANAGED SUBSTANCE ABUSE	. 0	Ó	· o	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	5,127	5,542	5,463	\$1,009,843.20	\$184.85	\$3.91	1.1	\$196.97
HMO SERVICES	. 0	Ó	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	73	73	71	\$211,566.00	\$2,979.80	\$0.47	1.0	\$2,898.16
PATIENT MANAGEMENT	171,570	171,569	171,569	\$342,684.00			1.0	
HEALTH INS PREMIUM PAYMENT	3,488	8,416	8,416	\$503,423.99	\$59.82	\$1.11	2.4	\$144.33
MEDICAL SUPPLIES	22,875		1,773,461	\$3,666,748.34	\$2.07	\$8.10	77.5	\$160.30
OTHER PRACTITIONER	14,120	21,762	66,037	\$2,054,647.00	\$31.11	\$4.54	4.7	\$145.51
FAMILY CENTERED PROGRAM	. 0	Ó	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	27,457	34,065	34,354	\$5,187,285.48	\$151.00	\$11.46	1.3	\$188.92
OPTOMETRIST	12,957	15,240	16,103	\$892,204.10	\$55.41	\$1.97	1.2	\$68.86
CHIROPRACTIC	8,849	15,453	18,822	\$452,812.99	\$24.06	\$1.00	2.1	\$51.17
PODIATRIC	4,414	5,279	6,903	\$203,459.70	\$29.47	\$0.45	1.6	\$46.09
PHYSICAL DISABILITIES SVCS	721	1,001	28,380	\$363,011.01	\$12.79	\$0.80	39.4	\$503.48
BRAIN INJ WAIVER SERVICES	1,005	2,124	55,555	\$1,862,477.95	\$33.52	\$4.12	55.3	\$1,853.21
PSYCHIATRIC	3,631	5,572	6,301	\$250,276.35	\$39.72	\$0.55	1.7	\$68.93
RESIDENTIAL CARE FACILITY	1,374	1,444	41,512	\$334,503.12	\$8.06	\$0.74	30.2	\$243.45
TO MATURE CROUTER	10 272	10 076	710 165	*20 066 042 16	\$40.14	00.11 00.11	70.0	¢2 000 07

10,273 19,876 719,165 \$28,866,842.16 \$40.14 \$2,688.54 70.0 \$2,809.97

IAMM2200-R002 (MR-0-12) AS OF 09/30/10

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 09/26/10

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 09/30/10)

					* * * * *	AVERAGE	E S * * *	* * * *
					COST PER	COST PER UN	NITS PER	COST PER
CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	UNIT OF	ELIGIBLE F	RECIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT	SERVED	SERVED
CHILDRENS MENTAL HEALTH SVC	559	783	34,347	\$556,743.17	\$16.21	\$793.08	61.4	\$995.96
AIDS WAIVER SERVICES	43	72	3,539	\$38,772.63	\$10.96	\$861.61	82.3	\$901.69
ELDERLY WAIVER SERVICES	9,485	26,996	476,253	\$6,033,436.82	\$12.67	\$622.26	50.2	\$636.10
ILL & HANDICAPPED WAIVER SVCS	2,119	3,325	111,327	\$1,888,291.36	\$16.96	\$755.32	52.5	\$891.12
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	7,666	7,961	61,399	\$2,080,768.86	\$33.89	\$4.60	8.0	\$271.43
UNASSIGNED	15	0	0	\$453,318.74	\$0.00	\$1.00	.0	\$30,221.25
* ALL CATEGORIES *	398,486	1,620,925	7,236,751	\$235,849,561.89	\$32.59	\$521.15	18.2	\$591.86
			*** END OF 1	REPORT ***				